

NEBRASKA HEALTH AND HUMAN SERVICES DEPARTMENT OF REGULATION AND LICENSURE

Instructions for Completing Form NRH-9

1. **Name and street address of applicant** - The individual, corporation, partnership, firm, agency, etc., will be held responsible for all matters concerning this registration. The location of business should be specifically designated. Use of post office box as a place of business is not acceptable.
2. **Person to Contact Regarding this Application** - If this registration is for a corporation, partnership, firm, agency or group, submit name of person who will be in charge of Radiation Services.
3. **Individual User(s)** - Submit in duplicate on separate sheet(s) the name and title of individual(s) qualified to perform each service listed below.

Services Provided by Registrant:

Service No. Type of Service Provided

RADIOACTIVE MATERIAL

- | | |
|----|---------------------------------------------------------------|
| A1 | Environmental Radioactivity Analysis |
| A2 | Bioassay |
| A3 | Decontamination |
| A4 | Leak Testing of Sealed Sources |
| A5 | Calibration-Radiation Measurement Instruments or Devices |
| A6 | Industrial Gauge Installation and/or Maintenance and/or Sales |
| A7 | Waste Disposal |

RADIATION GENERATING EQUIPMENT

- | | |
|----|-------------------------------------------------------------------------------------------------------|
| B1 | Electronic Calibration and/or Repair and/or X-ray Machine Survey |
| B2 | Facility Shielding Review and/or Nuclear Medicine Shielding Review and/or Radiation Safety Consultant |
| B3 | Installation/Assembly including initial Electronic Calibration |
| B4 | Demonstration and Sales |
| B5 | Sales |
| B6 | Personnel Monitoring |

OTHER (please list)

Each service provided must be supported with evidence that the individual's training and experience has been extensive enough to qualify to perform this service. Along with a list of names of all persons who will be providing services under this registration, submit the training and experience qualifications. Select the service number that each service personnel will provide. Refer to list above (AServices Provided by Registrant=).

Document training and experience in accordance with 180 NAC 15.

4. **Services Provided (check as appropriate)** - Check the services that will be provided by the Registrant.
5. **Certification** - No registration form will be processed without the proper signature and title of official authorized to act on behalf of the applicant.

Additional Information Needed - The following information must be submitted at time of application or already on file for re-registration: Procedures for Environmental Radioactivity Analysis, Bioassay, Decontamination, Leak Testing Sealed Sources, Waste Disposal and Instrument Calibration must be submitted. An outline of any Training Course must also be submitted.

When services include use of specific instruments or radioactive sources, indicate the instruments and radioactive sources available by make and model number (in case of radioactive sources, the activity of the source).

Please mail Application for Registration to: Nebraska Department of Health and Human Services Regulation and Licensure, Division of Public Health Assurance, 301 Centennial Mall South, P O Box 95007, Lincoln, NE 68509-5007.